

**SD DIVISION OF ALCOHOL AND DRUG ABUSE TREATMENT AND/OR
PREVENTION ACCREDITATION APPLICATION**

SECTION I – GOVERNANCE

Agency Name: _____
Address: _____
Telephone #: _____ Fax #: _____
E-mail Address: _____

Director: _____
Address (if different from Agency): _____
Telephone # (if different from Agency): _____
Fax # (if different from Agency): _____
E-mail Address: _____

Designated Alternate to the Director: _____
Address (if different from Director): _____
Telephone # (if different from Agency): _____
Fax # (if different from Agency): _____
E-mail Address: _____

Corporation Name of Applicant: _____
Federal Tax ID #: _____

Is the Agency incorporated as a Business or Non-Profit (please circle one).

If making application for other than a corporation, please identify and describe the controlling organization, e.g., a political subdivision:

*Corporate Applicants - Board of Directors (names, occupations and identify office holders.
**Non-Corporate Applicants – Advisory Board or equivalent information

SECTION II – ACCREDITATION REQUEST BY PROGRAM CLASSIFICATION

Indicate each program classification for which the applicant agency is seeking accreditation. On separate sheets, provide a description of those services and activities to be provided relative to each program classification for which accreditation is being sought. Include the agency's admission, continued services and discharge criteria.

<u>Program Classification</u>	<u>Client Capacity</u>	<u>Number of Personnel (Full-time Equivalents) Assigned or Planned</u>
1.Clinically-Managed Residential Detoxification	<hr/>	<hr/>
2.Level III Medically Monitored Intensive Inpatient treatment for Adolescents	<hr/>	<hr/>
3.Level III.7 Medically Monitored Intensive Inpatient Treatment for Adults	<hr/>	<hr/>
4.Intensive Outpatient Treatment	<hr/>	<hr/>
5.Level III Clinically Managed Low-Intensity Residential Treatment	<hr/>	<hr/>
6. Level II.5 Day Treatment Svc for Adolescents and Adults	<hr/>	<hr/>
7.Early Intervention	<hr/>	<hr/>
8.Outpatient Services	<hr/>	<hr/>
9.Prevention	<hr/>	<hr/>
10.Gambling Programs	<hr/>	<hr/>

***Provide the number of clients your organization could provide services to at any one point in time. For prevention, give the size of the target population on which you hope to have an impact.**

SECTION III – ORGANIZATION AND PERSONNEL

Provide a list of current personnel indicating position held, qualifications, and the certifications status of each person holding a chemical dependency counselor position.

Provide an organizational chart that reflects the agency's staffing requirements and lines of authority.

SECTION IV –BUDGET, AUDIT, ARTICLES OF INCORPORATION, CORPORATE FILING AND INSURANCE COVERAGE

Provide a copy of the agency's alcohol and drug activities budget for the current fiscal year showing anticipated revenues and expenditures. Anticipated revenues must be shown by source and expenditures must be shown by category.

Provide a copy of the agency's Articles of Incorporation and the last corporate report filing required by the Secretary of State.

Provide documentation of insurance coverage, including bonding, sufficient to cover all client funds, property, and interests.

SECTION V - SDCL 34-12 REPORTS

For programs that are subject to the provisions of SDCL chapter 34-12, a copy of the agency's current license issued by the Department of Health.

Provide a copy of the agency's Annual Menu Review, and Sanitation and Safety Inspection Report conducted by the Department of Health.

Provide a copy of the agency's Annual NFPA Life Safety Code Inspection report.

SECTION VI - FEES

A fee of \$150.00 has been fixed for the required inspections for the accreditation process. Applicants that are a component of state government are exempt from this requirement.

A check or money order, in the amount of the fee, made payable to the South Dakota Department of Human Services must accompany this application.

SECTION VII – APPLICANT REPRESENTATION

The applicant hereby signifies its intention and ability to comply with all applicable provisions of SDCL 34-12 and SDCL 34-20A and all rules adopted thereunder. The applicant gives assurances that it is in compliance with all applicable ordinances of the political subdivisions in which it is located. The applicant hereby agrees to provide access to the agency's premises, records and personnel to authorized representatives of the Department of Human Services for the purposes of determining compliance with standards or to investigate complaints brought against the applicant.

Authorized Signature

Date

Title or Position of Individual Signing for the Applicant Agency

*****APPLICANTS MUST SUPPLY ALL INFORMATION REQUESTED ON THE APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT AND WILL NOT BE CONSIDERED UNTIL PROPERLY COMPLETED.**